TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

A15 (4)

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	
4191	CERTIFICATE OF DEATH	04190
2441		

- 1	04191			CERTIFICAT	E OF DEATH		14190
	ACE OF DEATH COUNTY					(Where deceased lived, If institution:	Residence before admission)
	Sa	int Mary		MARYLAND	a. STATE Mar	yland b. COUNTY Sa	int Mary's
b.	CITY OR TOWN (if write RURAL and			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	
		onardto		3 kg 20 week	St.	Inigoes	18-1
d.	NAME OF HOSPITA	L OR INSTITUTION	(If not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Sa	int Mary	I'S H	ospital			YES NO NO
DE	ME OF CEASED ype or print)	Firs		Middle	Last Birdine	A. DATE Month OF DEATH March	Day Year 19 19 67
5. SE.		OLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
Fe	male N	legro	WIDOWED	DIVORCED	3-19-67	last birthday) Months	Days Hours Min.
10a. US	SUAL OCCUPATION (I	live kind of work do	ne 10b. K	IND OF BUSINESS OR		ty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
319		o, 07011 11 10(1160)	"	ibogiii i			
13. F.	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Ernest				Shirley	Ann Birdine	
	AS DECEASED EVER	N U.S. ARMED FOR		SOCIAL SECURITYNO. 17.	INFORMANT	Address	
					Mother	St. Inigo	pes, Md.
18			cause per l	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	Piel mon acces	Atelectaris		
	7625	DUE TO)	1			1.4
	enditions, if any,)	regulaturity			
	ave rise to imm	DILE TO	0				3 - 24 197 1 1
	nderlying cause las			TIMOTO DELT	ATER TO THE TERMINAL STA	CACC CONDITION OF THE DEST	a) 19, WAS AUTOPSY
CERTIFICATION	ART II. OTHER SIGNI	FIGANT CUNDITION				EASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO
2C 2C	Da. ACCIDENT WAS	UNDERLYING	20b. I	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of In	lury in Part I or Part II of Item 1	18.)
	R CONTRIBUTING [F EITHER, NOTIFY	MEDICAL EXAMINE	R)				
MEDICAL 02	Hour a.m.	Y Month, Day, Ye	ar 20d. I While at worl	Not While fact	ACE OF INJURY (Home, farm ory, street, office bldg., etc.		ounty) (State)
≥ _	p.m.			ed the deceased from_	19 MAR 19	67, to 20 MAK, 19	67 that (I) (we) last
	saw the decease	d alive on	20 MAK	19 67, and the		A.M., from the causes and on	
22	2a. SIGNATURE	a diffe oil a	/	and the		22b.	DATE SIGNED
4	Ah1/2	all C. 2	Much	ord M.	D. PHYS. ME	D. STAFF D STAFF	22/67
2:	2c. PHYSICIAN'S NAME (Type)		1		22d. ADDRESS		
	NAME (Type)		0	MILFORD M.D.	MECHA	NICSVILLE, MD.	
23a.	BURIAL, CREMATIO			23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	REMOVÁL (Specify) URIAL	1 21-11-	7		US CEMETERY	LEONARDTOWN,	MARYLAND
24.	FUNERAL DIRECTOR			ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTRA	
W.	CLARKE MA	TTINGLEY	LEON	ARDTOWN, MARYL	AND DATES R 2	8 1967 Jane	es Judge

7-215 329

alther terminates and the second rigations always surfaced .ILFORO M.D. MEGHANICEVILLE, MO. BUNIAL SIZTUY ET. ALGYSTUG DEMCTERY L'ECHARGYBUN, MANYLAND W. CLARK DARTITHOLEY LEGARATION, AMBYLAND .W.

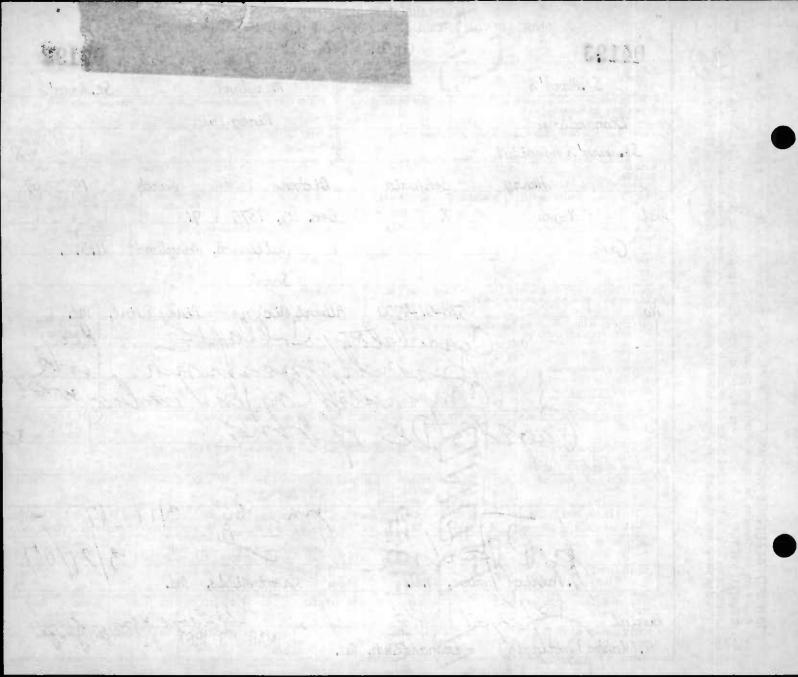
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2		04192			CERTIFI	CATE OF	DEATH		0	4191	
funeral and 2 er death		D. COUNTY	Mary's		MARYL	AND G.	STATE Mary	land.	St.	Mary!	0
in 24 haurs offer death Hed in by the funeral papers. Pages 1 and http://paurs.after.death		Rural C	foutside Corporote limi give negrest town) Clifornia NL OR INSTITUTION (If r	not in hospitol, give stre	NGTH OF STAY IN	d. ST	reet Address	side corporote limits, wr	ite RURAL ond giv	8- e. IS RE ON A	SIDENCE A FARM?
ecuted within 24 completely filled io ove carbon paper y event within 72		NAME OF DECEASED (Type or print)	Lucy	First	Middle	Comb	tar Route	2 Box500 4. DATE OF DEATH MON	Month	Doy	Year 967
irtificate be executed 'physician ond complét en please remove car aval, ond in any event,	S.	male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE	of Birth e 9. 1879	9. AGE (In ye	eors IF UNDER		DER 24 HRS.
rie be exe cian ond a ease remo ond in any	10o		(Give kind of work done ife, even if retired)	e 10b. KIND OF INDUSTRY				Stote, or foreign country Marulan	12. (CITIZEN OF WHAT	
physician hen please naval, ond	13.	FATHER'S NAME 7he	omas B. Ab	ell		14. A	MOTHER'S MAIDEN N	AME	Ada	€Z-€/18	
ie death certif attending phy permit. Then ian, or remava	IS. (Ye	WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give war or dates	P 16. SOCIAL	SECURITY NO.	17. INFORM	izabeth (Address	# 2 abov	
I law requires that the death certificate be executed within 24 haurs ofter death ending physician. I have signed by the attending physician ond completely filled in by the funeral os the buriol-transit permit. Then please remove carbon papers. Pages I and on the burial, crematian, or remaval, ond in any event, within 72 haurs after death or in the burial.		18. CAUSE OF DE PART I. DEAT 3 3 1 X Conditions, if ony, rise to immediate stoting the under lost.	H WAS CAUSED BY: , IMMEDIATE CAUSI DUI which gove couse (o),	(c)		70 (22) (Cerito 7	L	interval is onset and 2	BETWEEN
The or att	CATION	PART II. OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELAT	TED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART 1	(o)	19. WAS AU PERFOR YES	UTOPSY RMED? NO
	1 CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter n	nature af injury in P	ort I or Part II of item	(8.)		William.
G PH the h this detoc	MEDICAL	p.m		ot work L	Not While of work	factary, stre	NJURY (Home, form, et, office bldg., etc.)			ounty)	(Stote)
A P A P A P A P A P A P A P A P A P A P			y that (1) (this ha ceased alive an_	spital) attended th	e deceased fr _19 <u>67</u> , an	omom_ d that deat	h accurred at_	58, ta 29 sr 9 4 M, fram ca	uses and an 1	67 , that (I) the date stat	(we) last ed abave.
OR AT be reta DIRECT Je 3 sh ed with		22o. SIGNATURE	Win	DB.	el .	M.D. PH		MED. STAFF DIRECTOR PHYS.	22b. D	DATE SIGNED	
AI ay		22c. PHYSICIAN'S NAME (Type)		D. Boyd 1				nardtown,			
TO HOSPIT Page 4 m TO FUNERA director,		BURIAL, CREMATIO REMOVAL (Specify)	March	11,1967 23c.	St. John	ery or cremateurs (emo	eteru	23d. LOCATION (City Holly)	ood.		(Stote)
VR A15 (4) 25M 1/67	W.	Clarke I		Leonardt		uland.	DATEMAR	BY REGISTRAR 22 2 2 3 1967	Sb. REGISTRAR'S	les Jud	pe.

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and Sandard	A. Leanne Court	To the William D. Soute St.
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	Taylur 1 MAM Life Comment	W. Claren description of supervision

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04193 OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. I. PLACE OF DEATH .2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY St. Mary s Maruland MARYLAND by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours write RURAL and give neorest town) Pineu Point eonardtown .⊑ e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled i St. Mary's Hospita YES NO X 3. NAME OF Middle calbon First 4. DATE Month Lost Doy completely DECEASED Henry (Type or print) Benjamin DEATH any event 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove lost birthdoy) Months Dovs Hours WIDOWED Male DIVORCED Vearo pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY pup Baltimore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, ottending p Sarah IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) cremotian, CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY: TERVAL BETWEEN signed by the burial-transit SELAND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO for use as the f Heolth prior to b stoting the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART 1(o) certificate 200. ACCIDENT WAS UNDERLYING NOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B.) hospitol OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While After 21. I certify that (1) (this bestital) oftended the deceased from be retained TO FUNERAL DIRECTOR: oth occurred of ond that de M. from codses and date stated above. saw the deceased alive ap on the 22o. SIGNATURE SIGNED 22b. DATA M.D. director, poge 3 should be filed a DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** O HOSPITAL Patrick NAME (Type) larboe. great Mil 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. LOCATION (City or Jown) (County) (Stote) REMOVAL (Specify) Sunia. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Lakke Leonardtown.



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	DIVISION OF	MARYLAND STA			MARYIAND 21201			
0419	,			DEATH	4	04	193	
1. PLACE OF DEATH o. COUNTY St		MA C. LENGTH OF STAN	o. STA	Marulo	deceosed lived, if institut b. COUR and corporate limits, write RUF	St. May	zu's	n)
Rural RURAL	and give nearest town)	43 year	s R	ral Med	chanics ville		/_	2 4
d. NAME OF HOSI	PITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET	ADDRESS			e. IS RESID ON A FA YES	ARM?
3. NAME OF DECEASED (Type or print)		otetta (hese	dine Dix	on	DATE Mont OF DEATH March	19,	196	57
s. sex Fenale	1777	MARRIED NEVER MARRI		_	9. AGE (In yeors last birthdoy)	Months Doys		Min.
during-most of worki	ION (Give kind of work done inglife, even if retired) Leacher	10b. KIND OF BUSINESS OR INDUSTRY		IPLACE (County & Stote		12. CITIZEN COUNTRY		
13. FATHER'S NAME	Seneca (hesldir	ie		HER'S MAIDEN NAME	Nellie) No	orris		
	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO.	17. INFORMAN	Dixon	same as the		e	
	DEATH (Enter only one couse preath was caused by: IMMEDIATE CAUSE (o) DUE TO	er line for (o), (b), ond (c).)			atin clustic CV	1 1	NTERVAL BET INSET AND D	
rise to immed	ony, which gove iote couse (o), derlying couse DUE TO	Hypen	feurine,	interior.	cleratie CV.	der 1	34	rr
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT R	ELATED TO THE TERMIN	AL DISEASE CONDITIO	N GIVEN IN PART 1(o)	15	PERFORM	
OR CONTRIBUTION	WAS UNDERLYING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter notu	e of injury in Port I	or Port II of item 18.)			. 110
₹ 20c. TIME OF I	NJURY Month, Doy, Yeor	20d. INJURY OCCURRED	20e. PLACE OF INJUR	Y (Home, form,	20f. (City or town)	(County)	(Stote)

Not While

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.

201.

(City or town) (County) (Stote)

certify that saw the eased alive 22o. SIGNATUR

22c. PHYSICIAN'S NAME (Type)

Hour o.m.

MEDIC

hospital

While

death accurred

M.D.

ATTENDING PHYS.

22d. ADDRESS

MED. DIRECTOR

M, fram causes and the date stated above. 22b. DATE SIGNED STAFF PHYS.

25b

30. BURIAL, CREMATION, BREMOVAL (Specify) 230.

DATE THEREOF

(this.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County)

(Stote)

24. FUNERAL DIRECTOR

Sacred Heart Cenetery
ADDRESS 250. R Leonardtown, Maryland

REC'D BY REGISTRAR MAR 23 1967 Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion director, page 3 should be detached far use as the burial-tronsit permit. Then please VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or attending physician.

director, page 3 should be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after

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FOR STATE HEALTH DEPT.

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TAL EXAMINER:

pages 1 and 2 with the State Department of de hours after permit. File event within burial-transit any = 0 and SD used remaval, should 10 crematian,

PM3. Page pup forwarded ta the Chief Medical Examiner's Office alang with farm pencil in Item 18. Give Pages 1, pending the ward the certificate, shauld be may be retained for yaur FUNERAL DIRECTOR: Page Page funeral directar. 5 may be reto TO FUNERAL DI Health priar t the

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY St. Mary's MARYLAND Maryland St. Mary's c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) Valley Lee Andover Estates d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) Yalley Hed Andaver Estates NO T Edge of St. Georges Creek 3. NAME OF Middle Lost Year DECEASED 0F GILLIAN 23 PATRICTA HELEN 19 67 (Type or print) March DEATH 9. AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Doys Female White Nov. 22. 1935 WIDOWED DIVORCED 31 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Canada 4 13 FATHER'S NAME 14. MDTHER'S MAIDEN NAME Winifred McDonald

17. INFORMANT
Robert Gillian Same as 2 above Harry B. Wills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 008-26-0003 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH Exsanguination IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove Bilateral Wrist Lacerations. rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ND X 20o. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Slashed wrists. CAUSE OF DEATH Md (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE DF INJURY (Hame, form, (City or town) (County) Hou**cks** While of work Ot work Near Home 22 1967 Andover Estates St. Mary's 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry ond in my opinion death resulted from: Notural couses Suicide 🔀 Undetermined monner Actident Homicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 3/24/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S**

BURTAL 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY

NAME (Type)

23o. BURIAL, CREMATION, _REMOVAL (Specify)

Charles S. Petty

23b. DATE THEREOF

MARCH 29, 1967

ADDRESS LEONARDTOWN. MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEMETERY

25o. REC'D BY REGISTRAR

Address (Street, city, town, or county)

23d. LOCATION (City or Town)

ST ALBANS TOWN.

VR A15ME (5) 6M 1/67

THE THE THE PARTY OF THE PARTY 1 to 1 1 12 1/2 1/21 CE national review with a line TE 162'A William Without Columb GET Line State no. 2 opposed antiport + . 17 EURIAL TANCH 24, 1567 TOUR CROSE CEWETERY SE ALBARE 1697,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATI		LTIMORE 1, MARYLAND
04196	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH	04195
DI ACE OF DEATH	U.S. USINI DESIGNATION OF THE PROPERTY OF THE	

1.	a. COUNTY	C . 4: 1			2	a. STATE	, ,	l lived, If institution	ion: Resident	before admission)
-	b. CITY OR TO	St. Mary s WN (if outside corpora	te limits.	MARYL		CITY OR TOWN (If	outside corpora	te limits, write R	URAL and g	ive nearest town)
	write RURA	L and give nearest too	vn)	2 /		Madda			10-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			ON (if not In	hospital, give street ad	dress) d	. STREET ADDRESS			18-1	e. IS RESIDENCE
6	3	it. Mary's H								ON A FARM? YES NO
3.	NAME OF DECEASED	FI	Irst	Middle		Last	4. OATE OF	Month	Da	•
-	(Type or print) . SEX	Mabel		Elizabeth		raves		arch	5.	1967
7	enale	6. COLOR OR RACE	7. MARRIE			une 9, 1912	l Jas	t birthday) Mon	iths Days	Hours Min.
10 di	uring most of wor	TION (Give kind of work king life, even if retire Lome	done 10b.	KIND OF BUSINESS OR INOUSTRY	1 _(/	11. BIRTHPLACE (C		oreign country)	12. CITIZEN COUNTR	OF WHAT
1	3. FATHER'S NAI	ME			14	4. MOTHER'S MAID	EN NAME			
	William	Jenkins Ho	ryden		13 X	Rose B	Gwynett	e Mongan	L	
1	5. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16	S. SOCIAL SECURITY NO.	17. INF	ORMANT		Address		
1,	res, no, or unkown,	(11 yes give was of dates)	or service)		Laur	ence K. Gr	aves	Maa	dox,	Maryland
	18. CAUSE OF	DEATH [Enter only or	ne cause per	line for (a), (b), and (c).]	0				ERVAL BETWEEN SET AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		Gorona	y C	terom to	ui		3	3
	26	OX DUE		- 0			ST			
	Conditions, If		(b)	atherosc	les	fii c	Vder	are		
	gave rise to cause (a), underlying cau	stating the DUE	(c)	Wisher	er	mellex	hur			
CERTIFICATION	PART II. OTHER	SIGNIFICANTCONDITI		BUTING TO DEATH BUT NO	T RELATED	TO THE TERMINAL C	DISEASE CONDITION	ON GIVEN IN PART		WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH (NER) 20b.	DESCRIBE HOW INJURY	OCCURRI	ED. (Enter nature of	injury in Part I	or Part II of Ite	m 18.)	
MEDICAL	20c. TIME OF Hour a	INJURY Month, Day, .m. 19	Year 20d. While at wo	e Not While	e. PLACE factory,	OF INJURY (Home, fa street, office bldg., e	rm, 20f. (City tc.)	or town)	(County)	(State)
1				ded the deceased fro	m Ja	^ .19	960, to 12	16,5	1967. t	hat (I) (we) last
		eceased alive on	Mas	1967, an	that de	ath occurred at				te stated above.
	22a. SIGNATI	JI(E)		1			MED.		b. DATE S	IGNED
		Hay 1x	Zu	y V lues	M.D.	PHYS.		PHYS.		
1	22c. PHYSIC NAME		juyther	, M.D.		Mechani	csville,	Marylan	d	
23	BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY OR	CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)
	Durial	. March	8,1967		leart	(enetery	Bush	wood	Mo	ruland
2	4. FUNERAL DIR			ADDRESS			D'D BY REGISTRA		TRAR'S SIG	NAFURE
1 4	V. (Larke	Mattingley	L Leona	rdtown Mari	uland	MAR	1 0 1967	golian	res ye	usge.

VR AI5 (4) 20M 1/65

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Butel pack 3,1967 Sacred Verol Content Designed, Marshall

W. W. Gloride Switting by Languisting, Maryland 1861 1861 1862

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after dedth. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please remaye surbon papers. Pages Fond should be filed with the State Dept. of Health prior to buriol, crematian, or removol, and in ony event, within 72 hours after death

> VR A15 (4) 25M 1/67

04197

CEDI	IFIC ATF	OE	DEATH
(CK	IFILAIR	V.I.E.	I/FAID

04196

1.	D. PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE o. STATE	` = :	b. COUI	NTY				
	b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	LAND outside carp	arote limits, write RU	ST. N RAL ond give	neorest to	S wn)	_	
	LEONARDI	nd give neorest tawn)		D.O.A.			C			10	,		
-		ITAL OR INSTITUTION (If no	ot in hospital, giv	ve street oddress)		d. STREET ADDRESS	LHA	PTICO		e. I!	S RESIDENC	E	
		MARY S HOSP	, , ,								N A FARM		
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DAT	E Mon		Doy	Year		
	(Type or print)	ALBER	T	JOSEPH		GRAY	DEA	TH MARCH	13	3.	19 67		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1	YEAR IF			
	MALE	WHITE	WIDOWED [DIVORCED		DEC. 9.1907		59 yrs.	Monins	Doys 1	iours N	Min.	
dur	00. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (County		r foreign country)	COL	IZEN OF WINTRY?	HAT		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	- 1					
	CHARL	ES MCKENNY	GRAY			Lucy	ANN F	ILKERTON					
	WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. SC	OCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess			_	
(1)	W W 11	(If yes give wor or dotes o	220	-16-4457	10/	ELIZABETH	GRAY	CHAPTI	co. Ma	RYLA	ND		
	1B. CAUSE OF I PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY:	(: 5	o), (b), ond (c).)			Sin			INTERV	AL BETWEE AND DEAT		
	42	IMMEDIATE CAUSE	(-)	710-(21	1	Occio	3100	1 -		4		_	
	Canditions, if on	y which gove)	4	SCIL	1				£.,-				
	rise to immedia	ote cause (a),	(b) 1		1								
	stoting the und	erlying couse DUE		/					200				
	lost.	,	(c)							1 10 1111	C ALITODOW	=	
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED 10) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)					19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFICATION	OR CONTRIBUTIN	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED.	Enter noture of injury in	Port I or	Port II of item 18.)		REALS.			
MEDICA	Hour'd	JURY Month, Doy, Year J.m. 19	20d. INJ While of work	Not While		TE OF INJURY (Home, fari pry, street, affice bldg., etc		f. (City or town)	(Cour	nty)	(Stot	e)	
		tify that (I) (this hos	pital) attende	A Clima			19_55		2.V, 19 6				
	22a. SIGNATURI	deceosed alive an	117	19 -/, an	d thai	death accurred at		M, fram causes			tated ob	ove.	
	1	m (Ser/		M.D	111101	MED. DIRECTOR	STAFF PHYS.] 226. DAI	TE SIGNED			
	22c. PHYSICIAN NAME (Typ		Bes	bue M	1)	22d. ADDRESS	ECHAN	ICSVILLE,	MARYL	AND			
230	BURIAL, CREMAT	ION, 23b. DATE THI	EREOF	23c. NAME OF CEMETE	RY OR	CREMATORY .	23d.	LOCATION (City or To	wn) (County)	(Stote)	_	
8	REMOVAL (Speci	3/16/	67	ST. JOSE	PHE	CEMETERY	A	ORGANZA.	ST. MAS	vis	Mp.		
	. FUNERAL DIRECT		Tolland I	ADDRESS			D BY REGI	STRAR 25b. RE	GISTRAR'S SIG	NATURE	11111		
W	-CLARKE	MATTINGLEY	LEONAR	DTOWN. MAR	YLA	ND DATE	716	1967 80	liante	o Jus	Lyc.		

30140 - HOLD RESERVE THAT AN STANFACTOR

B1ANN AT SHAPANA TE LTCOMARDICHM TO TEAMS DARKE CALL A.D.O. ST. MARY'S HORNITAL PERAL PROPERTY CONTRACTOR OF THE PROPERTY OF T Wale 1907 1907 1907 1907 20178 - 2174 .A.S.U CHAJVRAU CHARLES MORENTY HEAV A W. II TO SECTION OF THE STREET BROWN CHARLES OF THE STREET MEGINATORVILLE, LARVERNOS BUNIAL STO/67 ST. JOSEPHS CONTEST PERSONALA, ET, MARY E, MO.

USALVEA . ASTORANCE VED : 11 AND SHADON

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

	MARYLAND ST	TATE DEPA	RTMENT	OF HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PRES	TON STREET,	BALTIMORE 1,	MARYLAND
	OFF	HELOATE	A			

	04198	CERTIFICA	TE OF DEATH		04197
1.	PLACE OF DEATH a. COUNTY ST. MARY'S	MARYLAND	2. USUAL RESIDENCE a. STATEMARY		itution: Residence before admission) Y ST. MARY'S
18	b. CITY OR TOWN (if outside corporate li write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corporate limits, write	te RURAL end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (III			DI. PARTI D CHI	e. IS RESIDENCE ON A FARM?
3.	NAME OF First	Middle	Last	4. DATE Month	YES X NO Day Year
	DECEASED (Type or print) ANDREW	NMN	GRESKO	OF DEATH MARCH	31 1967
5.	SEX 6. COLOR OR RACE 7. I	MARRIEO NEVER MARRIED DIVORCED	8. DATE OF BIRTH MARCH 15, 18	9. AGE (In years	FUNDER 1 YEAR OF UNDER 24 HRS.
10: du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KINO OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT
	RETIRED FARMER	FARMING	CZECKO SL		USA
13	. FATHER'S NAME		14. MOTHER'S MAIO	EN NAME	
	JOHN GRESKO		MARY LIP		
(Y	6. WAS OECEASEO EVER IN U.S. ARMEO FORCE es, no, or unkown) (If yes give war or dates of serv	rice)	7. INFORMANT	Address	
	18. CAUSE OF DEATH [Enter only one ca		SUE G. ROSKOS	ST. MARY	S CITY, MD.
Z	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), conditions (b) UE TO		ma abdom	in al gloude	ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURREO. (Enter nature of	finjury in Part I or Part II of	item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. P While Not While at work at work	LACE OF INJURY (Home, factory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive on		hat death occurred at		J/19 , that (I) (we) last
	22a. SIGNATURE	Phoen N		MED. OIRECTOR PHYS.	Carl 167
	22c. PHYSICIAN'S NAME (Type) DR. P. J.	BEAN, M.D.	22d. ADDRESS	MILLS, MARYLAND	l y
23	a. BURIAL, CREMATION, 23b. DATE THEN REMOVAL (Specify) AURTAL. APRIL 3	REOF 23c. NAME OF CEMETE 1967 EBENEZER CE		GREAT MILLS	
2/	JOHN M. WELCH	ADDRESS LEONARDTOWN, MD.	250 P. F.	CID BY REGISTRAR 25h RE	GISTRAR'S SIGNATURE

seilo

TIMADE MADVIAND 21201 DIVICION OF VITAL DECODING

		DIAISION	OL AHAT KI	COKDS, SUL Y	A. LKEDI	M SIKEEL, DALLI	MOKE, MAK	ILAND ZIZUI					
04199 MEDI 1. PLACE OF DEATH O. COUNTY ST. MARY 'S				EDICAL EXAMINER'S CERTIFICATE OF DEATH							04198		
				MARYLAND		o. STATE	NTY						
		(If outside carporate limit id give nearest town) ON PARK	5,	c. LENGTH DE STA	Y IN 1b	c. CITY OR TOWN (I	f outside corpore	nte limits, write RU	IRAL ond give				
	d. NAME DF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol, gi	ive street oddress)		d. STREET ADDRESS					DN A FA		
3.	NAME OF DECEASED (Type or print)	John	rst SA	Middle MEUL	Joi	Lost INSON	4. DATE OF DEATH	March	2	Doy	Yea 19 6		
	SEX	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARK		8. DATE OF BIRTH JULY 24.19	1941	P. AGE (In years last birthday)	Months Months	1 YEAR Days	Hours	24 F	
		N (Give kind of work done life, even if retired)		DAY		11. BIRTHPLACE (S	tote or foreign o	ountry)		TIZEN OF DUNTRY?			
	FATHER'S NAME WAS DECEASED EVI as, no, or unknown)	JOSEPH SOM ER IN U.S. ARMED FORCES? (If yes give wor or dotes o				IA. MOTHER'S MAID INFORMANT ULIA E. JO	LIE E.	JOHNSON Addi LEXINGT		RK,	MARYL	LAI	
		te couse (o),	(o) TO (b)		erot	ion sp	inal (vert.			ERVAL BETV	***	
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS C	It les	mur.	+ le	It Til	rese x	Cebul	a	19. YE	WAS AUTO PERFORME S	PSY ED? ND	
MEDICAL CERTIF	PRIMARY FOR CO CAUSE OF DEATH. 20c. TIME DF INJ Hour P.	ONTRIBUTING URY Month, Doy, Year	20d. IN While at work	JURY OCCURRED Not While at work	20 TOLA	Enter noture of injury CE OF INJURY (Home, tory, street, office bldg.	form, 20f.	(City or tawn)	PK viry X	unty) 517	Mary in ml	State	

Suicide

deoth resulted from:

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

Noturol couses

ond in my opinion

22. DATE SIGNED

BURIAL, CREMATION,
BURIAL (Specify)

DATE THEREOF 3/28/67

23c. NAME OF CEMETERY DR CREMATOR ST. JOHNS

Accident X

ADDRESS

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Homicide CHIEF MEDICAL EXAMINER

(County)

(Stote)

HOLLYWOOD.

Undetermined monner

MARYLAND

24. FUNERAL DIRECTOR

CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

WILLIAM D. BOYD M.D.

2So. REC'D BY REGISTRAR 1967 25b. REGISTRAR'S SIGNATURE
OCCUPATION

VR A15ME (5) 6M 1/67

FOR STA **HEALTH**

th the State Department of

00

delay is and 3 to P.M.3. Page

in pencil in Item 18. Give Pages 1, 2,

"pending"

please execute the certificate, writing the word "

necessary,

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 wf Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If

March Con-

HOLLYWOLD, TO CARYLLING

ATT ANY TO B YEAR . TO

HURAN MOTORINAL LARGH

HEAVI CAMETA COMMISSION AND

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З/28/67 ° 57. Чонив

W. DEARME MAITERCERY LEDGERSTORM, WARYEARD - OND OVE HOOF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04200 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Sto Mary's Maryland. St. Mary's MARYLAND b. CITY OR TOWN (If outside corporate-limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown Maddox 12 days Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mary's Hospital YES NO K 3. NAME OF Middle 4. DATE Lost Month Doy DECEASED 16. Keenan DEATH March 19 67 (Type or print) Herman. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED irthdoy) Hours Aug. 11. 1903 White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY ? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Keenan Roberta VanWert WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 218-16-0468 no 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) Hour 'o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased from 1250, to 196/, that (1) saw the deceased alive and Land that death accurred at_ M. from causes and on the date stated above. 19 6 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Mechanicsville, Maryland NAME (Type

by the funeral Poges 1 and hours papers. completely filled in within 72 event, in any puo physician ien please pup removal attending p 5 signed by the burial-transit has been see os the the prior to the Health certificote detached TO FUNERAL DIRECTOR: After be retoined , page 3 be filed directar, shauld b VR A15 (4)

The law requires that the death certificate be executed within 24 hours ofter death.

OR ATTENDING PHYSICIAN:

TO HOSPITAL

25M 1/67

23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemenent 23d. LOCATION (City or Town)

(County) (Stote)

BURGAL (Specify) 24 FUNERAL DIRECTOR

23g. BURIAL CREMATION.

2So. REC'D BY REGISTRAR MAR 2 3 larke Mattingley Leonardtown, Maryland

REGISTRAR'S SIGNATUR

	TOTAL STATE OF STATE			
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MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,

	DIVISION OF ST	TATISTICAL RESE	ARCH AND RECO	ORDS, 301 W.	PRESTON	STREET,	BALTIMOR	E 1, MARY	LAND	
	04201		CERTIFIC	CATE OF	DEATH			04200		
1.	a. CDUNTY	Mary's	MARYL	a. S	AL RESIDENCE TATE Marua	land	b. COUNT	St. Mc	unu's	
,	b. CITY DR TDWN (if outsi		c. LENCTH OF STAY I	N 1b C. CITY	DR TDWN (IP ou	utside corpora	ate limits, writ	e RURAL and gl	ve meare:	st town)
/	d. NAME OF HOSPITAL DR		nospital, give street add	dress) Ru d. STRE	rol D/ ET ADDRESS	rayden			P. IS RES ON A I	SIDENCE FARM?
3.	NAME DF DECEASED	First	Middle	La	ast	4. DATE	Month	Day	Ye	
	(Type or print)	Louise	A	Lunn		DEATH	March	2,		67
5.	SEX Females. COLOR		ш-		of BIRTH 1901	9. Al	SE (In Years 1 st birthday)	FUNDER 1 YEAR Months Days	Hours	R 24 HRS Min.
1D du	a. USUAL OCCUPATION (Give k ring most of working life, ev	kind of work done 1Db. I	KIND OF BUSINESS OR INDUSTRY		THPLACE (Cour		3	12. CITIZEN COUNTRY		r
13	B. FATHER'S NAME			14. MO	Washing		•	14.5.A.		
	Henry B. Bw	r ch		S	usie E.	Burch				
1: (Y	5. WAS DECEASED EVER IN U.S es, no, or unkown) (Ifyes give	S. ARMED FORCES? 16 war or dates of service)	. SDCIAL SECURITY NO.	17. INFORMA		<u></u>	Address			
_		121	7-32-13458	Joseph 1	A. Lyon	Dro	uden,	Marylan	d	THEFT
	PART 1. DEATH WAS	nter only one cause per CAUSED BY: ATE CAUSE (a)	line for (a), (b), and (c).	lome				ONS	RVAL BE SET AND Year	DEATH
	Conditions, If any, which	DUE TD								
	gave rise to Immediat cause (a), stating th	e (DUE TO								
-	underlying cause last. (c)									
CERTIFICATION	PART II. DTHER SICNIFICAN	IT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	TRELATED TOTH	E TERMINAL DIS	SEASE CONDIT	IDN CIVEN IN P	ART 1(a) 19.	WAS AU PERFOR	
CERTIF	2Da. ACCIDENT WAS UNDO OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDI	ERLYING 2Db. JSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY	Y OCCURRED. (En	ter nature of l	njury in Part	l or Part II of	Item 18.)		
MEDICAL	2Dc. TIME OF INJURY M Hour a.m. p.m.	lonth, Day, Year 2Dd. While 19 at wor	Not While	e. PLACE OF INJ factory, street,	URY (Home, farn office bldg., etc	n, 2Df. (Cit	y or town)	(County)	((State)
	21. I certify that (1) (this hospital) attended the deceased from may, 1964, to March 2, 1967, that (1) (we) last									
	saw the deceased alive on Warch 1 1967, and that death occurred at 650 M, from the causes and on the date stated above									
	22a. SICNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 3 / 3								67	
	22c. PHYSICIAN'S NAME (Type)	P. J. Bean	M. D.	22d.	ADDRESS Gree	at Mill	s, Ma	ryland	1	
23	REMQVAL, (Specify)	3b. DATE THEREDF	T . /.	METERY OR CREM	IATDRY	23d. LOCA	FION (City, tov	vn or county)	(S	tate)
2	4. FUNERAL DIRECTOR	Warch4, 1967	ADDRESS	oln	25a. REC'I	D BY RECISTR	AR 256. RE	GISTRAR'S SICK	IATURE	
	W. Clarke Matt	ingley	Leonardtow	n. M.	DATE MA	R 6 1	967 8	Charles	Judy	el.

VR AI5 (4) 2DM 1/65

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3/1 / 2			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04202
CERTIFICATE OF DEATH
04201

1.	a. COUNTY					a. STATE	CE (Where	deceased liv	ed, It inst		idence	perore au	m1221011)
ST. MARYS MARYLANO				MARYLAND ST.MARYS									
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (II	f outside	corporate I	mits, wri	te RURAL a	nd give	neares	t town)
write RURAL and give nearest town)				RURAL HOLLYWOOD 18-1									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET AOORESS		11001			θ.	IS RES	IDENCE	
				irospital, givo otroor au	.,,							ON A F	_
_	ST.MAR	YS HOSPIT	AL										ND X
3.	NAME OF DECEASED		First	Middle		Last	4. DA	TE	Month	1	Day	Yea	ar
	(Type or print)	FLOREN	CE	LEONA	Mo	DANIEL			ARCH		7,	19	
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	O NEVER MARRIEO	1 8	. OATE OF BIRTH		9. AGE (n years	IF UNDER 1 Months	YEAR	F UNDER Hours	Min.
	FEMALE	WHITE	WIOOWE	O TO OIVORCEO		APRIL 14.1	883	83	VTS.	Monuis	oays	nours	MAINT
10a	, USUAL OCCUPAT	ION (Give kind of wo	rkdone 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (C			-) 12. CI	IZEN C	F WHAT	
dur	_	ing life, even if reti		INOUSTRY		THEOREMAN	DICE	MICC			UNTRY?	1	
12	HOUSEWIF FATHER'S NAM		I D	OMESTIC		14. MOTHER'S MAIN					USA		
13.	FAIRER S NAM				90								
		DMONSON				MARGARE	T JAN	E BUC					
15. (Ye	WAS OECEASED	EVER IN U.S. ARMED (1f yes give war or date	FORCES? 16	S. SOCIAL SECURITY NO.	17.	INFORMANT			Addres	SS			
```	NO	(11)cognessa os aust		N/A	1	ARS. CLAYTON	STRO	TID - 1	HOLLY	WOOD.	MD.		
		DEATH [Enter only	one cause per	line for (a), (b), and (c).		2300 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					INTER	VAL BE	TWEEN
	PART I. OEATH WAS CAUSED BY:								DNSET AND DEATH		DEATH		
	191X IMMEDIATE CAUSE (a) Monches Julianista									- Cary			
	OUE TO												
	Conditions, If any, which gave rise to immediate (b)												
	cause (a), stating the OUE TO												
	underlying cause last. (c)												
S	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)									PART 1(a)	19. WAS AUTOPSY PERFORMED?		
S										ND D			
	20a ACCIDENT WAS LINDERLYING 1 20b. OF SCRIBE HOW IN LIRY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)												
CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
		INJURY Month, Da		INJURY OCCURRED   20	A PLAC	E OF INJURY (Home, f	farm.   20	f. (City or	town)	(Cour	nty)	(5	State)
MEDICAL	Hour a.i		,,		facto	y, street, office bldg.,		(,					
ME	p.m. 19 at work at work												
	21. I certify that (I) (this hospital) attended the deceased from June 10, 1966, to March 7, 1967, that (I) (we) last												
	saw the de	ceased alive on	Marih	6 1967, ar	nd that	death occurred at	10.45	from the	causes	and on th	e date	stated	above.
	22a. SIGNATURE 22b. DATE SIGNED												
	M.D. ATTENDING MED. STAFF OIRECTOR PHYS.								3	1/8/	67		
	22c. PHYSICIA	N'S		1		22d. AODRESS							
	NAME (Type) P. J. BEAN M.D. GREAT MILLS, MARYLAND								LND				
23:	BURIAL CREA		E THEREOF	1 23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION	(City, to	own or cou	nty)	(\$1	tate)
	REMOVAL (SP	aclfv)	/9/67			L CEMETERY		HOLLYW					
120	PUNERAL BIR		19/01	ADDRESS	APAR DE	25a. RE	EC'O BY R	EGISTRAR	25b. R	EGISTRAR'S	SIGN	ATURE	
X	TITLLE I	11. 111101	CONTA DEDOCATE			MAH	713	1967	gcl	iarles	Que	der.	
X_	JOHN M.	VELCH - LE	ONARDTO	WN, MD.		OATE		.001	-11		1	0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LANGUE AND RECORDS OF DEATH 04203 CERTIFICATE OF DEATH funeral and 2 death. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the Pages ST. MARY MARYLAND MARYLAND ST. MARY'S

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. filled in by papers. Page C. LENGTH OF STAY IN 1b write RURAL and give nearest town) RURAL MECHANICSVILLE YRS. MECHANICSVILLE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 ON A FARM? ROUTE 5 Box 278 YES X NO rand completely f remove carbon pa n any event, withir NAME DE First Last DATE Month Year Middle DECEASED DF DEATH 1967 (Type or print) DOROTHEA SOPHIE STASCH MARCH 6. COLOR OR RACE | 7. MARRIED SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. NEVER MARRIED last birthday) Months I Days Hours FEMALE MARCH 18.1890 WHITE WIDOWED K DIVORCED [ 5 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ап pe physician n please val. and during most of working life, even If retired) COUNTRY? LU HUI KAUAI SOUTH AMERICA AT HOME U.S.A. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GULIUS REDIES ERAUSE remova attending permit. Then XXXXX WILHELMINA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address gned by the atten al-transit permit. 0 death (Yes, no, or unknwn) (If yes give war or dates of service) cremation, AUGUST H. STASCH SAME AS # 2 ABOVE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PINSET AND DEATH PART I. DEATH WAS CAUSED BY us Vantanes or attending physician. IMMEDIATE CAUSE (a) signed burial-tr DUE TO Cenditions, If any, which peen gave rise to Immediate the r DUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO K YES PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of I (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 9 Hour a.m. After Id be d While Not While OR ATTENDING P be at work at work the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lifed with the saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MED STAFF TO HOSPITAL U M.D. DIRECTOR PHYS FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. director, p NAME (Type) J. ROY GUYTHER M. D. MECHANICSVILLE. MARYLAND 23b. DATE THEREOF (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 5.0 REMOVAL (Specify) BURIAL MARYLAND MARCH 27, 1967 ST PAUL CEMETERY REC'D BY REGISTRAR PAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 20M 1/65

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J. Roy SEYTHER K. D. CHANIONILLE, MARYLAND

BURIAL MECH 27, 1987 SC PAUL GENETERY MARKOTTE HALL, MARYLAND

W. LEARNE VATITNEERY LEGILARDTONN, WARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

MAR

LEONARDTOWN, MARYLAND

1967

ST. MARY'S

e. IS RESIDENCE ON A FARM?

YES NO 🗶

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IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

VIRGINIA

NO

YES X

Items 18&21 Film 392

W. CLARKE MATTINGLEY

VR A15ME (5) 6M 1/67

ST. WARY I STAN ST. TO SELMONT WIND TO SELMAN S LEGY ROTON, MARYLAND ONE DAY RUBLE LEGYARDIONS STATION HOTELTAL LEAVE PATURENT REVEN - STAN RT. 1980 K KINGTH CHORAG STEELS, JR. 1280H 12 12 Francian 6, 136 MALE GAVESTAN Note that the service of the service ATYOS MAR -AMORRE KENSETS ISGMAN STORUC, OR. KENNESH THOMAS STEELS, SH. STAR ST 798 FOILD FOUND IN CASS WITH SERVED AS CONTRACTOR 13:35 X Min 12 67 - Hour Hour Leonard Andrews St. Markle , C. M. OVOL , U. MAI JUNI

ALBERTS

T. SLANKE MATTERSKEY - LEGIKARDTORN, MARYLAND